CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

SITE DESIGNATION COMMITTEE 555 Capitol Mall, Suite 525

Sacramento, CA 95814 Phone: (916) 445-3864



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Date Received
Request No.
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REQUEST FOR DESIGNATION OF ADMINISTERING AGENCY

This application provides the necessary information to request a designated administrative agency. Complete and submit this application to the address in the upper left corner. Type or print legibly the required information in the applicable sections below. Refer to the application instructions on reverse.

1. RESPONSIBLE PARTY IDENTIFICATION				
A. Applicant / Responsible Party Name		C. Reason Why Applicant Is A Responsible Party		
Mailing Address				
City, State	Zip Code	D. Identify Any Other Responsible Parties For This Release		
	Zip Gode	D. Identity Any Other Responsible Fattles For Fills Release		
Telephone No.				
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B. Contact Person's Name (if different from above)		E. Identify All Known Interested Parties For This Release		
Telephone No.				
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II. SITE DESCRIPTION				
A. Site Location (see instructions on reverse)		B. Brief Description of Site		
County				
County				
III. DESCRIPTION OF RELEASE OR THREATENED RELEASE				
A. Known or Suspected Nature of Release or Threatened Release	ase	B. Type of Facility (see instructions on reverse)		
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4 - 44 4				
IV. REGULATORY OR ENFORCEMENT ACTIONS (KNOWN OR PENDING)				
A. 1. Name of Primary Agency Involved	ons (milowito	B. 1. Name of Other Agency Involved (attach pages if more than 2 agencies involved)		
Agency Project Number or Other Reference		Agency Project Number or Other Reference		
Agency Principal Contact and Telephone Number		Agency Principal Contact and Telephone Number		
general market and recognising Number		5. Agency i indipar contact and Telephone Number		
Regulatory or Enforcement Action(s) Taken or Pending		Regulatory or Enforcement Action(s) Taken or Pending		
C. List environmental permits (see instructions on reverse)				
V. DESIGNATION REQUEST				
A. Agency Requested				
D. December (see December)				
B. Reason for Request				
VI_CEPTIFICATION AND LIST OF ATTACHMENTS				
VI. CERTIFICATION AND LIST OF ATTACHMENTS I hereby certify that the information provided in this application and in any attachments is true and accurate to the best of my knowledge.				
I also hereby agree to to carry out a site investigation and remedial action at the site identified above.				
A. Signature of Applicant / Responsible Party	and comodial e	D. List Titles of Any Attachments		
B. Title	C. Date			
FORM AB2061 (REV 6/22/95)				